

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046770

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 7 1963

Primary Registration District No. 1002 Registrar's No.

6484

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 40 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2904 E. 61st Street		d. STREET ADDRESS (If outside, give location) 2904 E. 61st Street	
3. NAME OF DECEASED (Type or print) First ELLA Middle LIZABETH Last BLAIR		4. DATE OF DEATH Month Dec. Day 18 Year 1962	
5. SEX Female	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/12/1880
9. AGE (last birthday) 82		10. IF UNDER 1 YEAR Months 82 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife -At Home		10b. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (City and state or country) Johnson, Iowa		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Winfield S. Heaton		13b. MOTHER'S MAIDEN NAME Elizabeth Halloway	
14. NAME OF HUSBAND OR WIFE Howard E. Blair		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 1643 Topping Ave		17. INFORMANT Beulah McWilliams, Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 12 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		DUE TO (c) Generalized Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis. Right hemiparesis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:25 P. Month, Day, Year 8-4-53		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Wathena Kansas	
21. I attended the deceased from 8-4-53 , to 12-18-62 and last saw her/him alive on 12-6-62 Death occurred at 3:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) J. Cutcliff MD	
22b. ADDRESS 1222 McGee, Kansas City, Mo.		22c. DATE SIGNED 12-19-62	
23a. BURIAL CREATION, REMOVAL (Specify) Removal	23b. DATE Dec. 21, '62	23c. NAME OF CEMETERY OR CREATOR Belmont Cemetery	23d. LOCATION (City, town, or county) (State) Wathena Kansas
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 12-20-62	
26. REGISTRAR'S SIGNATURE Ruth Song			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

10:15 12:00
W. David John Curly
Medic Center 1222 37th St
Street

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold D. Quich

Licensed Embalmer No.

4998

P. O. Address

K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.